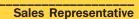
Part C: APPLICATION FOR LIFE INSURANCE

Guyana and Trinidad Mutual Life Insurance Company Limited





Full Written replies must be given to each question. A stroke of the pen cannot be accepted as a reply.

USE BLOCK LETTERS
THROUGHOUT



Supplementary Questions to be answered by Applicant who will control a Juvenile Policy			
1.	Full Name of Applicant: First Name Middle Name Surname ID. No Address of Applicant		
2. 3.	Relationship of Applicant to Life to be Insured Sex M F		
4. 5.	Date of Birth: Day MonthYear Age last birthday:		
6.	Occupation of Applicant (Give exact duties. If more than one, list all) Employer's Name and Address		
7.	Is the Applicant married? State number of children and ages. Yes No		
8.	State present imsurances on each child's life. Name of Child Company Amount Plan Year Taken (If Lapsed Give Date)		
9.	State present imsurances on Applicant's life. Name of Child Company Amount Plan Year Taken (If Lapsed Give Date)		

10.	Name of school being attended by					
	Life to be Insured					
	Date of Admittance					
ANSWER QUESTIONS 11 TO 13 AND COMPLETE NON-MEDICAL QUESTIONNAIRE ONLY IF PARENTAL WAIVER BENEFIT IS APPLIED FOR:-						
11.	Indicate benefit required:	Answer Below				
	(i) Death Waiver and/or					
	(ii) Disability Waiver					
12.	Has this or any other Company ever:—					
	(a) Declined or postpone acceptance of an application to insure your life?	Yes No				
	(b) Offered you a policy subject to an extra premium or a lien?	Yes No				
	(c) Declined to re-instate or revive a policy on your life?	Yes No No				
	(d) Offer you a policy on a plan in any way different from that for which you applied?	Yes No				
	If Yes to (a), (b), (c), or (d), give details					
		-				
13.	Has any application been made by you to any Company or Sales Representative and afterwards withdrawn, or not yet completed? (check one)	Yes No N				
	If Yes, give details					
14.	(a) Has your flying as a passenger in the past 12 months exceed 50 hours, or do you expect to exceed 50 hours in thenext 12 months?	Yes No				
	(b) Have you in the past two years engaged, or do you in the future expect to engage in aviation as student pilot, pilot, officer or member of the crew of the aircraft?	Yes No				
	N.B. If Yes to either (a) or (b) above, Aviation Questionnaire must be completed					
	(c) Do you engage in activities involving special hazards (excluding occupational hazards)?	Yes No				
	If Yes, answer the following:-					
	(1) Type of activity					
	(2) Degree of activity, e.g. days per year					
	(3) Special comments					
	I warrant that the above answers are full and true and that I am now and am usually in so	und health: and I				
understand that the said questions and answers are a continuation of, and are to form part of an application dated						
for insurance on the life of						
to the Guyana and Trinidad Mutual Life Insurance Company Limited.						
Date						
Witne	Signature of App	Witness				